

Zero-to-NEWS Three

from the Early Intervention Section,
Hawaii State Department of Health

Vol. XIV, No. II

Summer 2004



In this issue:

| | |
|-----------------|---|
| Living Aloha | 1 |
| Chair's Message | 2 |
| Just Ask! | 2 |
| EIS Online | 3 |
| Randy's World | 3 |

The Early Intervention Section of the State Department of Health provides developmental services for any eligible child from birth to three years of age in five areas: physical, cognitive, communication, social or emotional, and adaptive.

Services are available on all islands and there is no cost to families.

For more information, please contact our Hawaii Keiki Information Services System (HKISS) referral and information line at 973-9633 for Oahu and 1-800-235-5477 for Neighbor Islands.

Early Intervention Section
1600 Kapiolani Blvd., #1401
Honolulu, Hawaii 96814
Ph.: (808) 973-9650
Fax: (808) 973-9655

Living Aloha

A big Mahalo to Heike and Jason Hines for starting a toy collection drive to help other children receiving early intervention services. The Hines are also a part of the early intervention family because their two children, John and Katharina, both receive services that include speech, occupational, and physical therapy.



L-R: Katharina (10 mos.), Heike, and Jason Hines

Heike was inspired to start the toy drive after speaking with their physical therapist and learning about the many children who didn't have toys. The Hines collected toys from 14 families in their neighborhood, a Navy housing area near Pearl Harbor. The 14 families combined donated nine lawn bags filled with toys.

"I have to give all the credit to our physical therapist—she mentioned that so many children don't have a single toy—when she is done with therapy—she has to collect the toys to take to the next child. Sometimes she leaves a rattle or another small toy. I felt really sad

when I heard that and wondered what we could do to help," describes Heike.



The nine bags of toys lined-up in the Hines neighborhood.

"We wrote a note and hand-delivered it to all the neighbors asking if they have some gently-used toys. We live in a very generous environment—we constantly have a school drive—why not try this?" she continues. States Jason, "About 2 weeks later—I drove around with the kids in the van and gathered bags of toys that the families had donated. "Many of the people also brought over the bags beforehand," adds Heike.



John Hines, 2 years old

How do the Hines' find time to start a toy drive and still manage a hectic family life with no family nearby to help out?

Although parenting young children is fun, it is a challenging, time-consuming job. The challenge becomes even greater as a family

(continued on page 3.)

CHAIR'S MESSAGE

by Jennifer Schember-Lang

Many times during a normal week, I have the opportunity to speak to parents of children with special needs about the Individuals with Disabilities



Education Act (IDEA). The conversation may wind its way through various areas and issues and facts and incidents and

timeframes. And many times during the conversation I might be asked, "don't I have the right to . . . ?"

This is an important question. It opens the door to provide information and support to families as well as an opportunity to "train" the parents on procedural safeguards that are part of the IDEA, both Part C (Infants and Toddlers with Disabilities Program or Early Intervention Program) and Part B (Assistance to States for Education of

Children with Disabilities). The question deserves a careful and thoughtful response.

The procedural safeguards required by . . . Part C are intended to protect the interests of families with infants and toddlers with special needs and in the early intervention system. Procedural safeguards are the checks and balances of the system, not a piece separate from the system. For families, rights and safeguards help insure that an Individualized Family Service Plan (IFSP) is developed that addresses their priorities and concerns. For the Early Intervention system, rights and safeguards assure quality and equity. For families and the system, procedural safeguards provide the protection of an impartial system for complaint resolution.¹ (hereinafter "Rights and Safeguards")

The authors of *Rights and Safeguards* offer several suggestions to respond to

the parent's questions or, better yet, to explain these important factors as "part of the service provider's ongoing conversations with families.

Reiterating rights and safeguards and their implications for families at each relevant step is a way to support a family's evolving understanding."

Consider the following statements in your own review of efforts to support families:

- It is impossible to fully understand and appreciate *safeguards* before having had any experience with the *procedures* (emphasis in original).
- Families can be overwhelmed by legal jargon, by the adversarial connotations, and by a lack of understanding of why these rights are necessary. When families are asked to sign a stack of consent forms, the legal aspects of the relationship with providers are emphasized.

(continued on page 4.)



JUST ASK!

Guest Contributors:
Madie Chun & Del
Paalani

**Dear Madie & Del: At what age can I start my child with computers?
--Interested Mom**

Computers and babies?!
Welcome to the world of lapware!

More and more households have computers. Babies are growing up thinking computers are a standard piece of home furniture. Today, software programs are available for a multitude of purposes and a variety of interest areas to appeal to youngsters as well as the elderly.

For young children, they are considered lapware where children and their family members can engage in the computer activities together. Lapware provides an alternative option for play, a vital part of every

child's life as a means of enhancing many aspects of development.

As soon as babies are able to bang with their hands, they are candidates for computer use. Software programs are designed to respond to keystrokes or mouse clicks. Although they are available for all babies, those with special needs reap additional benefits.

The computer becomes an assistive technology because it offers a range of flexible options in regards to its visual and auditory presentations as well as its input controls. It affords children with special needs the opportunity to **make things happen**, not just make things easier. A baby can bang on the keyboard to change the designs on the monitor and sustain his/her attention. A youngster with physical challenges can build blocks or color a picture by pressing down on a large red button switch, a task impossible under normal conditions. The clear touchscreen placed on the face of the monitor allows a child to make choices by touching one of two or more pictures seen through the screen. Yet another

child with minimal vocalizations can demonstrate his/her knowledge through the picture items presented on a touch-sensitive board.

As with any new toy, parents play a key role in the youngsters' interaction with the lapware. At first, just simply enjoying the colorful visuals on the screen and the sounds or songs from the speakers can be fun for the children. Later, parents can talk about what they see on the screen and incorporate real objects or small props of real objects to reinforce concepts presented. Remember that with repetition comes familiarity. With familiarity comes anticipation of what comes next and increased interest from which to expand.

Computers and lapware can break down barriers and level the playing field. Let's give every child an opportunity to play!

(Madie Chun & Del Paalani
specialize in Assistive Technology and
work in the Keiki Tech unit of the
Early Intervention Section.)

EIS *online!*

Finally! The Early Intervention Section (EIS) homepage was launched along with the new Hawaii Department of Health's website this past May. Now families, physicians, and others can learn more about the services and support provided by EIS in Hawaii. Please check it out at: <http://www.hawaii.gov/health/family-child-health/eis/index.html>.

Our homepage is still a work in progress with plans for further expansion this year. In addition to offering information on all services, programs, and projects administered



by EIS, updates regarding services, training, and upcoming events of interest are planned for the site. Currently, past newsletters and publications by EIS have been converted to Adobe PDF format and are available to read on-line or download and print. Further, if you would like to refer a child or make a self-referral for early intervention services, referral

forms are available for download in Adobe PDF or Microsoft format under the Hawaii Keiki Information Services System (H-KISS) section.

If you have suggestions regarding our homepage, please contact Karen Ho at 973-9659 or by email at karen.ho@fhsd.health.state.hi.us.

(Living Aloha--cont. from page 1.)

learns how to work with their children who are both receiving early intervention services.

Fortunately, Heike gets to stay at home with John, two years old, and Katharina, ten months old. John, who was born premature, receives speech language and occupational therapy. Katharina has severe reflux disease and receives physical therapy for hypotonia (low muscle tone).

"I am struggling like every mother. I don't go to work. I work at home. I play with the children and try to copy what the therapists do. The therapists give me exercises on what would be good (to develop John's speech and fine motor skills as well as address his sensory issues.) It's really play—structured play," states Heike.

"Having John do finger painting or play with Play-Doh helps his sensory issues. Having him play outside, walk on grass, and play with sand on the beach—it's play but it's structured play with a purpose," adds Jason. He continues, "Heike exercises the kids, she reads to John, she talks to John, coaxing words out of him, and she works with Katharina several times a day helping her to sit up."

John was enrolled in preschool at the recommendation of his speech language therapist. "I was kind of overwhelmed by both of them needing 100% attention at the same time. I knew he would need more than what I can give him at home. I realized there is only so much I can do at home and there is more that he needs. For example, craft projects or eating lunch at the table with five children. It is a different social setting than what I can give him at home."

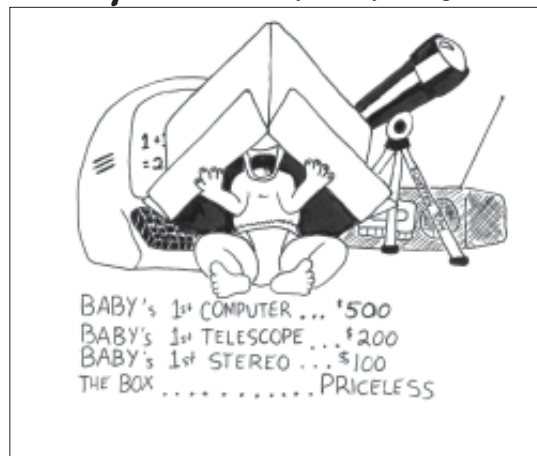
"Also, Katharina was in constant pain and was crying often because of her reflux. She needed to be carried most of the time. As a result, she missed a lot of tummy time and gross motor skills development comes through tummy time. She now receives physical therapy," continues Heike.

The Hines' say that John and Katharina are making good progress under early intervention. However, this progress is not due to early intervention alone—the family is key in each child's progress. We asked

Heike if she had any final thoughts on how she and Jason make their family life work.

After some thought, Heike offers, "I strongly believe in keeping a routine for my children. Our days follow a similar pattern; the children know what to expect, and they find security in that. Also, we always try to show a happy face (no matter how frustrated we may be), and tell them we love them and that they are special. I do not mean to sound trite; we really try to stress to them how special they are to us."

Randy's World by Randy Compton



(Chair's Message--continued from page 2.)

- Overwhelming families with paperwork during their first contact with the system may comply with the letter of the law, but it does not assure that families are fully informed.
- Families need information to support their role as team members throughout the IFSP process. At each step of the process, important decisions must be made. Only to the extent that families understand their options can they fully exercise their decision-making authority as part of the early intervention team.
- As equal team members, families need the same information as the other team members.
- Although many rights and safeguards can be explained when they occur in the process, some need to be explained from the beginning in

case a family may need them. Due process procedures for resolving complaints are the most important example.

- Different families will have different levels of comfort with and different preferred means of voicing concerns and offering evaluations.
- As part of a family-centered process explaining rights and safeguards, service providers must recognize that each family -- indeed, each family member -- has a different approach to accessing and using information. Providers must individualize the timing and methods of sharing information to match each family member's interests, needs, and preferences.

Materials from the Hawaii Department of Health are favorably cited several times in *Rights and Safeguards*. And the next time in my work if I am asked, "don't I have right

to" I will pause, remember statements noted above, and hopefully continue to strengthen the family's participation in meeting the needs of their child.

¹ Hurth, J.L. & Goff, P (2002).

Assuring the family's role on the early intervention team: Explaining rights and safeguards (2nd Edition). Chapel Hill, NC: National Early Childhood Technical Assistance Center. Document appears at <http://www.nectac.org/pubs>.



Linda Lingle, Governor
Chiyome Fukino, M.D., Director of Health

The Hawaii Department of Health provides access to activities without regard to race, color, national origin (including language), age, sex, religion, or disability. Write or call our Affirmative Action Officer at Box 3378, Honolulu, HI 96801-3378 at (808) 586-4616 (voice/tty) within 180 days of a problem.



Early Intervention Section
1600 Kapiolani Blvd. #1401
Honolulu, Hawaii 96814

**Presorted Standard
U.S. Postage
PAID
Honolulu, Hawaii
Permit No. 597**